DC STEP: Healthy Infants and Mothers Program

MAP OF HOUSE AND ROOMS **POSTPARTUM**

SUBJECT ID LABEL	
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1 6-WEEK 2 6-MONTH 12-MONTH

ASSESSMENT PERIOD:

1. ON F	HOW MANY FLOORS DO	YOU LIVE IN THIS H	OUSE/APA	ARTMENT	? 1	2	3		4
		MAIN (BOTTOM) F	LOOR O	F HOUSE	Ē				
	BE SURE TO M	ARK PLACEMENT O APPLIO	OF NICOTII CABLE	NE MONIT	TOR ON	MAP I	F		
								7	
HEICHT	IN EEET EDOM ELOOD T	O CEILING.	7 8	0	10	11	12	12	1.4
Room #	IN FEET FROM FLOOR TO Name of Room	Length x Width	7 8 Room #	9 Name	10 e of Roo	11 m	12 Leng	13 gth x W	14 idth

SECOND FLOOR OF HOUSE

BE SURE TO MARK PLACEMENT OF NICOTINE MONITOR ON MAP IF APPLICABLE

HEIGHT IN FEET FROM FLOOR TO CEILING: 6 7 8 9 10 11 12 13 14

Room #	Name of Room	Length x Width	Room #	Name of Room	Length x Width

THIRD FLOOR OF HOUSE

BE SURE TO MARK PLACEMENT OF NICOTINE MONITOR ON MAP IF APPLICABLE

		1

HEIGHT IN FEET FROM FLOOR TO CEILING: 6 7 8 9 10 11 12 13 14

Room #	Name of Room	Length x Width	Room #	Name of Room	Length x Width

FOURTH FLOOR OF HOUSE

BE SURE TO MARK PLACEMENT OF NICOTINE MONITOR ON MAP IF APPLICABLE

HEIGHT IN FEET FROM FLOOR TO CEILING: 6 7 8 9 10 11 12 13 14

Room #	Name of Room	Length x Width	Room #	Name of Room	Length x Width